

Ch 1836 No 104

Synagogue

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1872-73

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An  
Inaugural Dissertation  
on  
Cynanche Trachealis

Submitted to the Examination  
of  
The Trustees & Medical Faculty  
of the  
University of Pennsylvania  
On The Twenty first Day of December 1825.

For the Degree of Doctor of Medicine

By William Coryell  
of  
New Jersey.

Passed March 25<sup>th</sup> 1826

Thompson's Report

Constitutional

Submitted to the

the Senate of the United States

at the

the Senate of the United States

for the purpose of

by the

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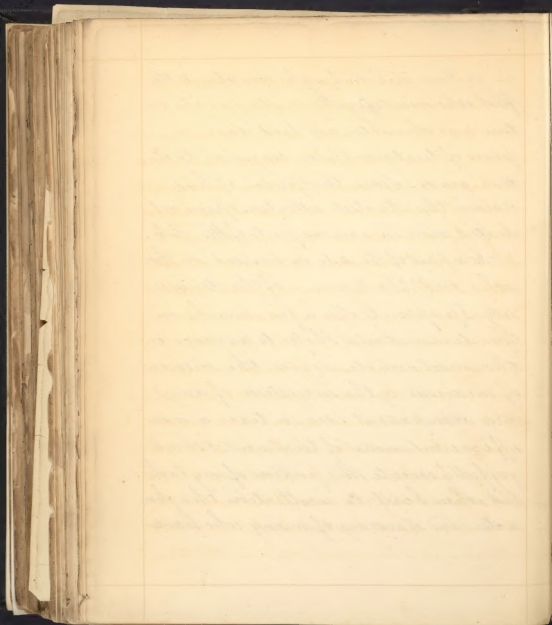
## *Cor Cynanche Trachealis*

If we examine the records of medicine, we shall find this disease noticed by some of the older writers: but if we were to judge from their delineations, and mode of treatment, we should believe, that they were not accurately acquainted with it, or, that in their day it was of so rare occurrence, or of so mild a character, as not to demand that close, and strict investigation which physicians of more recent times have thought proper to devote to

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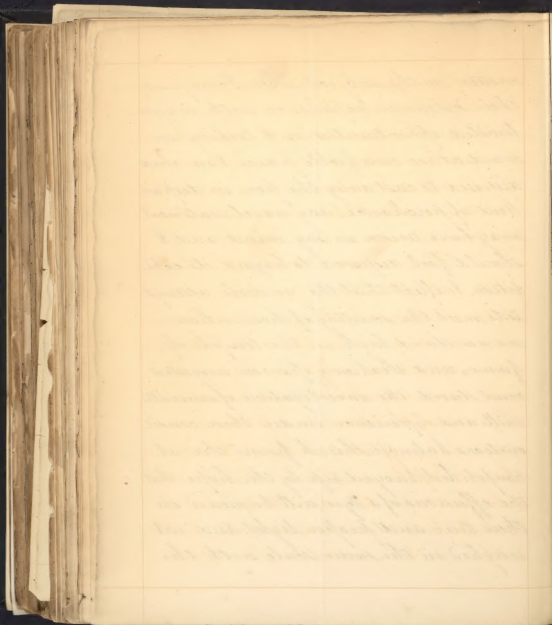
it. Dr. Home of Edinburgh was almost the first who scientifically scrutinized its nature and character, and laid down a plan of treatment, more congenial to its true grade. Since that period, it has claimed the strictest attention from celebrated men in various parts of the globe.

As a part of the duty incumbent on those who seek the honours of the University, I propose to offer a few remarks on this disease. Could I hope to advance in the most remote degree the science of medicine by the suggestion of any new or important idea, or trace a more efficacious mode of treatment. I should joyfully execute this portion of my task. But when I call to recollection, the character and standing of many who have





written on the subject: when I compare  
their extensive experience with my own  
limited opportunities, and looking in-  
ward at my own feeble power, I am almost  
disposed to cast away the pen in despair.  
And if perchance, any novel sentiment  
may have arisen in my mind, and I  
should feel disposed to hazard its exhi-  
bition, I reflect that the juvenile attempt  
is to meet the scrutiny of those, whose  
names stand high in the temple of  
fame, and that every opinion suggested  
must stand the investigation of univocal  
skill and experience: under these consid-  
erations I almost shrink from the at-  
tempt: but buoyed up by the hope, that  
the effusions of a Tyro will be viewed in  
their true and proper light, and not  
weighed in the same scale with the



emanations of skill and experience. I  
approach the subject.

"*Laquanche Trachealis*. "It is to be known  
by a peculiar ringing sound of the voice,  
by difficult respiration, with a sense of  
straitening about the larynx, and by a  
purse attending it.

"This disease seldom attacks in-  
fants till after they have been weaned.  
After this period, the younger they are,  
the more they are liable to it. The fre-  
quency of it becomes less as children be-  
come more advanced; and there are no  
instances of children above twelve years  
of age being affected with it. "It attacks  
children of the midland, as well as those  
who live near the sea. "It does not ap-  
pear to be contagious, and its attacks  
are frequently repeated in the same



child. It is often manifestly the effect  
of cold applied to the chest; and therefore  
appears most frequently in the winter &  
spring seasons. It very commonly comes on  
with the ordinary symptoms of catarrh,  
but sometimes the peculiar symptoms of  
the disease show themselves at the very  
first.

These peculiar symptoms are the follow-  
ing: A hoarseness, with some shrillness and  
rattling sounds, both in speaking and  
coughing, as if the noise came from a  
fluted tube. At the same time, there is a  
sense of pain about the larynx, some dif-  
ficulty of respiration, with a whizzing sound  
in inspiration, as if the passage of the air  
were straitened. The cough which attends  
it is commonly dry; and if any thing be  
spit up, it is a matter of a purulent



appearance, and sometimes films resembling portions of a membrane. Together with these symptoms, there is a frequency of pulse, a restlessness, and an uneasy sense of heat.

"When the internal fauces are viscid they are sometimes without any appearance of inflammation: but frequently a redness and even swelling appear; and sometimes in the fauces there is an appearance of matter like to that rejected by coughing. With these symptoms now described, and particularly with great difficulty of breathing, and a sense of strangling in the fauces, the patient is sometimes suddenly taken off.

Bullens first lines.

"There is likewise a rare disease,





sometimes occurring in certain countries,  
never in others, called the croup (by us  
soloists cranche, stictica). In this dis-  
ease the respiration is laborious, the in-  
spiration sonorous, with hoarseness, a  
ranging cough and a swelling scarce to  
be discerned. "It is a disease that infects  
young children almost only."

Brown's Elements of Medicine

"The croup is an inflammation  
of the upper part, and the perichondri-  
tis of the lower part of the same organ  
viz. the trachea or windpipe."

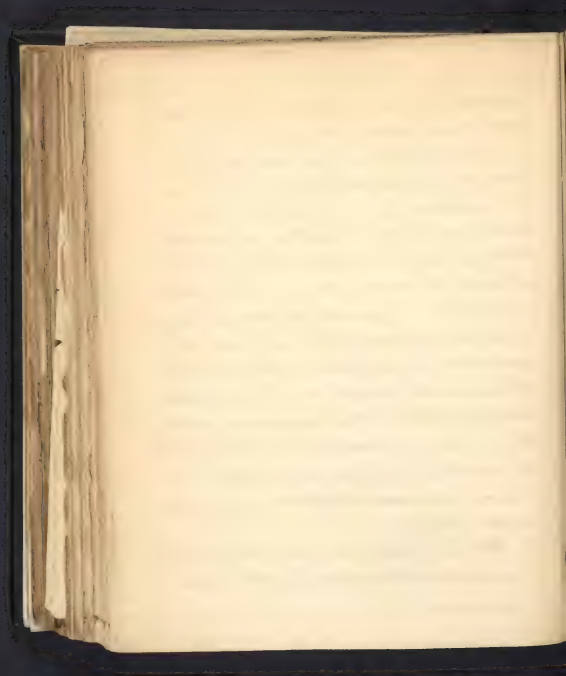
"Dr. Boichman of Hanover believes that  
the acute asthma of Miller or hives, has  
been confounded with the Angina pto-  
rica or croup, which has occasioned  
the great difference in the treatment  
recommended by authors; as the disease



has been returned in spasmodic to some,  
and spasmodic to others.

"The convulsive asthma, which I have  
witnessed in one child, was readily dis-  
tinguished from the croup: as there  
was sensible a great exertion in breathing,  
but without the harsh sound which  
attends the inspiration in the latter.  
A convulsive difficulty of respiration may  
thus be easily distinguished from the  
croup: as in the former the patient  
draws in the breath easily, and then  
voluntarily closes the larynx, and volun-  
tarily uses great exertion in forcing out  
the breath, with design to relieve some  
pain by this violent exertion, as in hor-  
reous children.

"On the contrary in the croup, the  
breath is easily expired, but the inspi-



rations are attended with the utmost difficulty. "This difficulty of inspiration may be seen by prising the region of the stomach; as when the child raises the sternum for the purpose of drawing in its breath, the pressure of the atmosphere on the pit of the stomach presses the diaphragm upwards, and makes a sudden and great hollow in the scrobiculus cordis. "This difficulty of inspiration and not of expiration, is also known by the harsh sound, which only attends the inspiration."

Darwin's Zoonomia.

"The croup is an inflammation of section of the mucous membrane of the trachea and larynx, which in some instances extends, however even



to the bronchia and over the surface  
of the lungs, to which children are  
peculiarly subject, forming an exu-  
dation. It is a fine, white, or a cream-  
colored matter, and is often a great num-  
ber of times, and is often with a peculiar  
odor, and is sometimes, and is  
in some to the feeling of a cough, & similar  
in the lungs, and is sometimes in the  
lungs, and is often of a white color, this is an  
other form of the disease, which is a  
sign of a chronic affection.

These phenomena have been  
to rise up into the lungs, and  
the disease in the lungs is  
and is often in the lungs,  
bronchia and surface of the lungs, and  
is a chronic disease of the lungs,  
the disease of the lungs, and

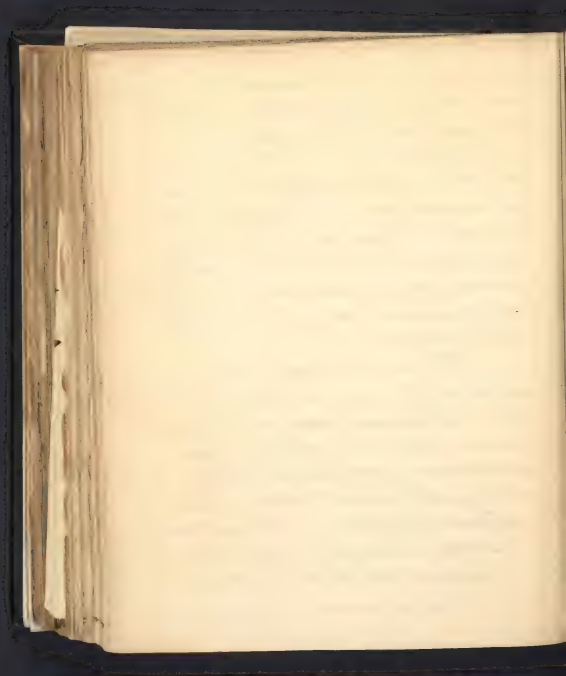




such as the *membrana scabellum*, a cyano-  
the *membrana*. "Tonsillectomy."

"*Angina stridula*." This is the cy-  
anothe *membrana* of the throat, a disease  
for its symptoms and fatality has given  
the attention of pathologists and physi-  
cians. We wish we could refer the ef-  
ficacies of tracts more recent to a suc-  
cessful method of cure than has hitherto  
been adopted.

"*Angina stridula*." On the  
the *membrana* we call it *Angina*  
*membranacea*, inter a, *hemorrhagica*,  
*polyposa*, etc. has suffocative, and  
*membrana stridulans*, it is chiefly a  
disease of children and is distinguished by  
a difficult inspiration, sounding with a  
rattle, harsh cough, with redness  
and tumor in the throat, and no diffi-



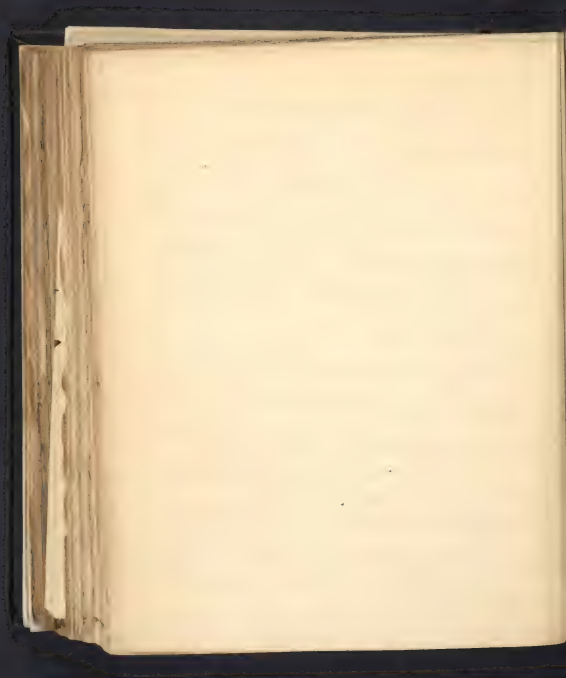
cells of mutton, & cold in short enough  
pieces taste more succulent when the flesh  
is all gone, with a little or no liver  
sometimes sweet, at others more insipid.  
It increases by long and still suffocation  
in water, which does the same. "The other  
involutions are more disturbed." "The pulse  
at first a little hard & slightly quickened, in  
the progress becomes venous and loose.  
"The face at first flushed, in the latter  
stage livid, though sometimes full. "The  
stomach and bowels are not at all dis-  
ordered. "The cough is dry, & the expectorations  
are thin & watery, and the patient struggles  
with an attempt to spit up something  
solid from the trachea. "The internal  
fasciae are in a very few instances, with  
a redness. "At a sometimes a serous, and  
more frequently a bloody discharge



that in more slender spots are pec-  
uliar to cattle, it has scarcely ever at-  
tacking those whose bodies are covered.

The progress of the brachio-  
myxomatous in the skin is very  
rapid, and it is divided into three  
stages, each requiring a peculiar treatment  
by the farmer, yet the same means  
are applicable.

Having thus related the symptoms  
of this formidable disease, as detailed by  
a few of the most celebrated writers on the  
subject, and describing it more fully than  
found the description further. I propose to  
enumerate the causes. These I shall divide  
into remote and proximate. Observe, once  
for all, that the remote causes or causes of  
symptomatic disease must ever be found  
the same as those exciting the original









sent now to the one side, then to the other  
as the instability of the argument is a con-  
ceded insight for the most common, but  
this philosophy is converted into a useless solu-  
tion, when we discover, that this difference  
of opinion remains a still greater differ-  
ence of practice and that a more accu-  
rate knowledge of the proximate cause  
of this terrific disease, the less of a conse-  
quence many, now derive. It is true, that  
the advocates of its phlogistic origin ad-  
mit, that in its latter stages it becomes ac-  
tively inflammatory, but by a judicious  
administration of remedies best calculated  
to overcome phlogistic affections, promptly  
to be given at an early stage, you may prevent  
the inflammatory effusion, and that is  
which ultimately closes the process  
to the lungs, but the only benefit you are

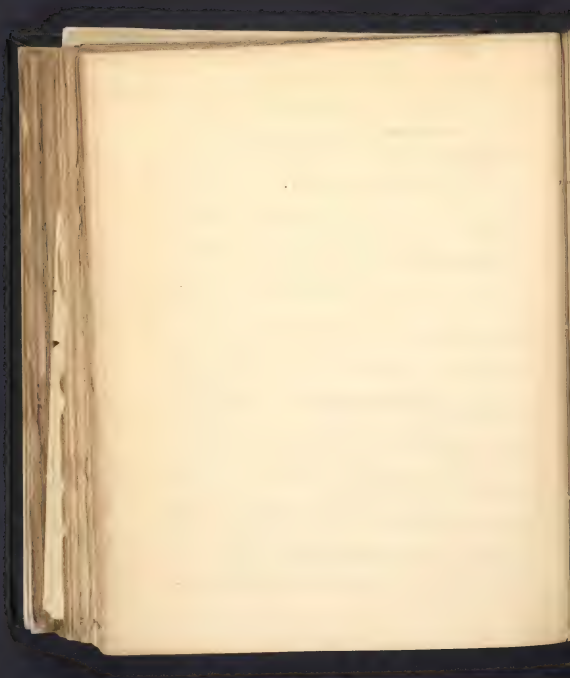


told that the idea of being a being a  
so proximate cause leads to the idea of  
the cause made of but not the cause of  
the effect. If the nature of such  
a notion should so much in a  
relation of the cause, we might still  
believe that a material cause  
might still be present, but here we see  
we are at such a point, that we must  
from the very nature of the cause, we have  
to require evidence to other side, but how  
shall this discrepancy be reconciled? only  
upon the supposition, that to be a cause  
there may have so much the same, &  
to exclude evidence unless it be of the  
rational or satisfactory nature. That  
is not in the nature of a cause, & not a cause  
at the subject of action, & not a cause  
little advance as to evidence itself through



post-mortem was in certain inevitable  
constitutions & certainly has been  
densely found in other cases. In this  
disease in an organ of such delicate struc-  
ture as the pancreas, may be so great as to  
produce suffocation, there is doubt.

A case illustrative of this idea has been re-  
lated to me by my brother. A young lady  
of irritable temperament was seized with a  
general inflammatory affection of the pancreas,  
but attended with little or no febrile action;  
and in a few days was seized of trifling  
importance, both by herself and her physician.  
In although the constitution of the  
disease was fair upon a case coming to  
nothing, at length this uneasiness increased  
so much that it was necessary to send her  
some food & a diuretic affection of the  
pancreas & to pass it into the stomach.



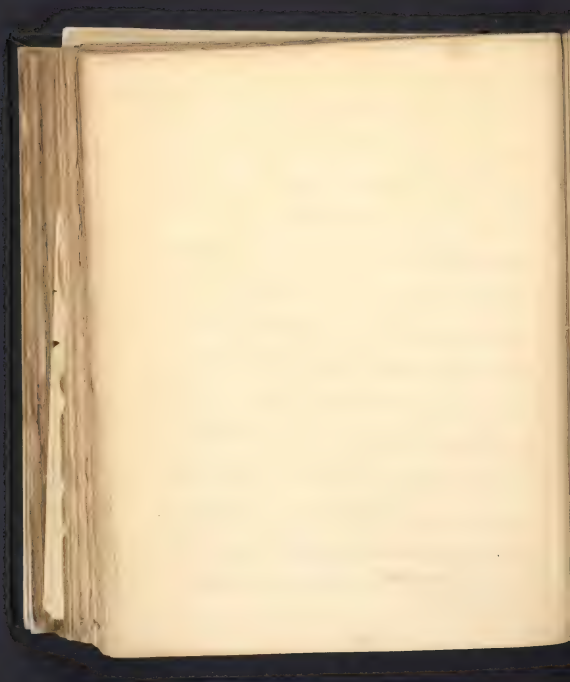
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made to us, as the means of life to the  
injection of substance is through a canal,  
but the indistinctness of the channel was so  
great at the time the attempt was made,  
as to render it useless.

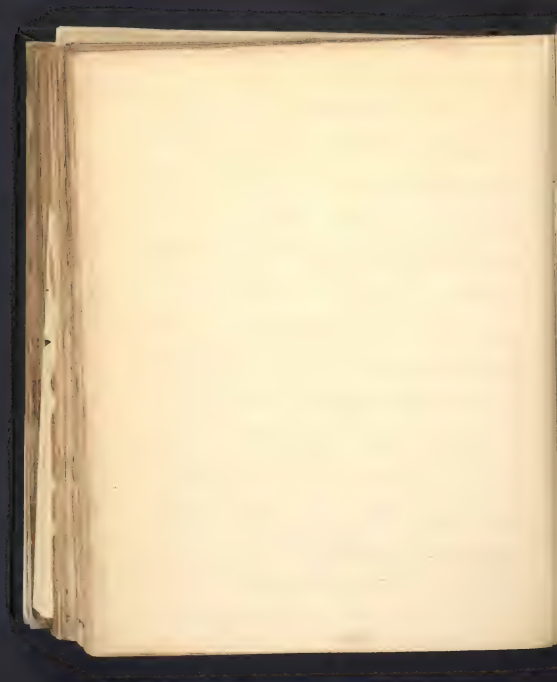
The division of opinion as to the proximate  
cause of our disease has been most com-  
monly stated to be a fever, nor can it be reasonably  
maintained that the action of the remote cause  
is usually so likely to create phlogistic or in-  
flamatory action. The most violent phos-  
phoric fevers, are more commonly the re-  
sult of derivate causes, for example, Tetanus  
is frequently the attendant of putridity,  
and occasioned by the relaxing effect of heat.  
And let me ask, does Tetanus ever ever  
inflammation, and if arising from a local  
cause, as in the case of active inflamma-  
tion can be by artificial means carried to the



supplied above heart, the original disease is  
relieved, and in some the bacillus when  
over the inflammation is carried to the sur-  
face, effusive, or secretive, form, the  
violent convulsive reaction follows to a  
state. Let the point be carried a little fur-  
ther, a third is added to the action of it,  
a torra is produced, on the external ves-  
sels, a portion of the blood vessels carried  
off to insensible perspiration is retained, and  
in a certain period the vessels thus exposed  
act with diminished force, then what dis-  
turb the residue of the vessels and he has  
a more increased action from its action.  
Now a peculiar appearance of action takes  
on the vessels of the skin and the cut, in  
certain constitutions and perhaps gene-  
rally, in the constitution of the skin;  
the vessels of that part feel more directly



and now a whole the extreme sustenance of  
such expression is correct, that the sense of  
wings of vapors, and how to they feel it, either  
by a peculiar extension, or by increase ac-  
cording; in either case arising from the  
nature of the infectious cause, the location  
of the part affected, or from analogy, I must  
presume that inflammation would be  
the result, and I am easily persuaded that  
the inflammatory process in its early stage,  
before the disease extends into extensive  
areas by the discharge of the contents, which  
forms the new membrane, may in a part be  
so situated as to be within the tissue and break  
it into the nervous system, as to be  
sure violent of men, and that the section  
of the brain in a few hours would  
cost a life. Thus I therefore to suppose an  
inflammation in this case, it would be



That the acute course of it is rather consistent with the supposition, the more it is an excitation of the morbid disposition. That this disposition is the earliest nature termed action of the vessels of mucous trachea. That the disease is not induced, is inflammation, but from a direct cause.

1. From the usual effect produced by obstructed perspiration on other parts of the system of similar nature.

2. From the violent hyperaemia which so often it suggests an attack of this disease.

3. From its resulting to you with from the application of cold, which is the common remote cause of all our inflammatory fevers. 4. From the well known fact, that persons diseased of their own accord in some of our terminate in inflammation. And when





they do destroy life, it is from a slow and  
remedial.

That the blood is inflamed when  
in its early stage, before the vessels  
have relaxed themselves by  
action, proves when the vessels  
relax, and this produces a relaxation  
of the arteries.

That this is a violent inflammation  
is evident, as to terminate in a  
few hours.

That in such cases, the disengagement  
of the vessels from contraction and inflammation  
has been so transient, as to leave little  
or no evidence of its existence, for a time.

That from this cause, has originated the  
opinion of the disease being purely of a  
moderate inflammation, when  
it did exist, was the effect not the cause



of this disease.

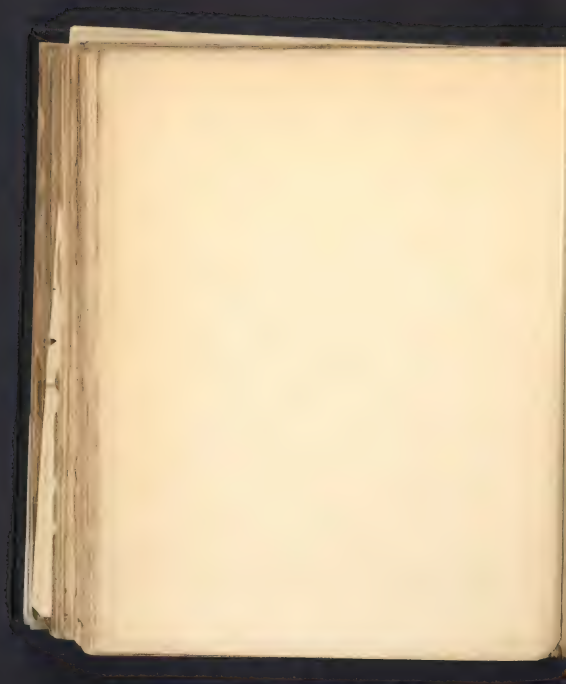
If the chemist now given be correct, it will at once be perceived, that all means calculated to remove phlegm, as the original cause of the disease must be pernicious, and that all our efforts must be directed to the destruction of inflammatory action, as a sine qua non of recovery.

Whether the membrane so frequently found in this complaint be an altered secretion from the glands of the part, or a peculiar suffusion or emanation from the vessels, is a point which I shall not attempt to discuss, as on a practical view I deem it of little importance.

In the treatment of this disease, the most prompt and vigorous plan must be adopted. There is no time for reflection, so that it is so generally admitted in practice.



and cases is almost inadvisable here.  
The moment the disease is ascertained that  
inflammation is present should be used.  
Giving the disease its decided influence  
say, the throat should not be closed. The  
most violent physicians of the present day  
advise more rest and sedation, leeches, blis-  
ters, warm bath, to and their opera-  
tion which is frequently difficult, men-  
strual purges, and if relief is not quickly ob-  
tained, repeat the bleeding and caustics  
as long as the strength will justify, or un-  
til the disease is conquered. Blisters are  
highly recommended and if the disease  
continues after you have raised the system  
excitations as far as prudent they ought  
to be repeated, but much benefit cannot  
be expected from the blisters to the throat  
as it almost infallibly gives the disease



efforts of respiration, to confine it to the  
part, when the bronchia are affected, pla-  
ced on the sternum they are often highly  
important. In addition to the means  
here advised, every collateral aid should  
be given, by steaming with warm water,  
or warm vinegar and water. The free use  
of diluents, such as barley water, flax seed  
tea, gum arabic emulsion, and in pro-  
tracted cases a strong decoction of polyg-  
nema, as recommended by Dr. Archer of  
Maryland, not as an antispasmodic, but  
expectorant. The hive syrup, a prescrip-  
tion of Prof. Fox, is here a valuable  
preparation.

Laryngotomy, as a dernier resort, has  
in some instances been resorted to, and  
cases are on record of life being saved thus.  
by. In genuine idiopathic croup, unac-





accompanied by bronchial effusion, after the failure of other remedies, it certainly ought to be tried, as it is the imperative duty of the physician, however forlorn the hopes, to use every possible means to rescue his patient from death.

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